MARYLAND STATE DEPARTMENT OF HEALTH

08280

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay; LENGTH OF STAY (in this place) 58 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Non.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Carr

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1951

5. SEX: F.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Strike out all except one): Widowed

8. DATE OF BIRTH: 10/10/1878

9. AGE last birthday: 72 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Zachel Sudler

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Anna Lawson Barclay Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Stroke — Interval Between Onset and Death: 30 Mins

443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? None Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Jan 20, 1949, to Aug 14, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 1:10 A.m., from the causes and on the date stated above.

SIGNATURE: H.H. Hamilton (Degree or title) M.D. ADDRESS Millington Md DATE SIGNED Aug 15/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/17/51 — NAME OF CEMETERY OR CREMATORY: Barclay — LOCATION (City, town, or county) (State): Barclay, Md.

DATE REC'D BY LOCAL REG.: 8/17/51 — REGISTRAR'S SIGNATURE: Edgar L. Lane — 24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro Md.

VS. A15

RECEIVED
SEP 13 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08281

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester, Md. (Rural); LENGTH OF STAY (in this place) 84 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester, Md. (Rural); STREET ADDRESS (If rural, give location) " "

3. NAME OF DECEASED (Type or Print): (First) V. (Middle) T. (Last) GARDNER

4. DATE OF DEATH: (Month) Aug. (Day) 18, (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 20, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming (Owner)

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wesley Gardner

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John A. Gardner--Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

420.1 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1951, to Aug. 18, 1951, that I last saw the deceased alive on Aug. 18, 1951, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Wm. Martin, Jr., M.D. ADDRESS Queenstown, Md. DATE SIGNED 8/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 21 | NAME OF CEMETERY OR CREMATORY: Stevensville | LOCATION (City, town, or county) (State): Stevensville, Md.

DATE REC'D BY LOCAL REG. Aug 21, 51 | REGISTRAR'S SIGNATURE Elizabeth Hopkins

24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane--Church Hill, Md.

150105

RECEIVED
AUG 31 1951
BUREAU V. S.

08282

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH — COUNTY: Queene Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sudlersville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Queene Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sudlersville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Cooper (Last) Harriman
4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1893
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Eugene Cooper
14. MOTHER'S MAIDEN NAME: Virginia Cannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Capt. J. N. Harriman--Sudlersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Abdominal carcinomatosis — 6 months

199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

55e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1951, to 8-4, 1957, that I last saw the deceased alive on 8-4, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Chestertown Md DATE SIGNED: 8-4-57

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 8, 1951
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Aug. 5
REGISTRAR'S SIGNATURE: Edgar L. Lane
24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
AUG 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08283

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

VS A15

1. PLACE OF DEATH
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roxanneville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irvin		Hayward	Aug.	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C	Married	? ? 1885	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oyster Shucker
10b. KIND OF BUSINESS OR INDUSTRY: Oyster factory
11. BIRTHPLACE (State or foreign country): Do not know
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Do not know
14. MOTHER'S MAIDEN NAME: Do not know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-16-7836
17. INFORMANT AND ADDRESS: Henrietta Green Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) UREMIA	12 hrs
442X 131a Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR-RENAL DISEASE	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1951, to Aug 30, 1951, that I last saw the deceased alive on Aug 30, 1951, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin D. Hoff M.D. ADDRESS Queenstown, Md. DATE SIGNED 8/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Sept 4 51	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3 1951	Helen M. Aldridge	Barton Bros	Centreville Md.

7906 79

RECEIVED
SEP 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08284

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Wye Mills — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester R-F-D. Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wm — (Middle) Isaac — (Last) Mckerson

4. DATE OF DEATH: (Month) Aug — (Day) 18 — (Year) 19 51

5. SEX: Male — 6. COLOR OR RACE: Col — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) — 8. DATE OF BIRTH: May 12 - 1898 — 9. AGE last birthday: 53 Yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman — 10b. KIND OF BUSINESS OR INDUSTRY: Oyster — 11. BIRTHPLACE (State or foreign country): Q. A Co Md — 12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME: John Mckerson — 14. MOTHER'S MAIDEN NAME: Clara A. Aytch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Grace Mckerson (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto accident - neck & leg broken

823.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
170 c
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: State highway — (CITY OR TOWN) near Wye Mills — (COUNTY) Md — (STATE) Route 50

TIME OF INJURY: (Month) (Day) (Year) (Hour) Aug 18-1951 1220 Am. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Auto accident - man driving car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): W. Henry Fisher M.D Deputy Med Exam for Q. A Co Md — ADDRESS: Centreville Md. — DATE SIGNED: 8/18/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 8-22-51 — NAME OF CEMETERY OR CREMATORY: Chester — LOCATION (City, town, or county) (State): Chester Md

DATE REC'D BY LOCAL REG. 8-18-51 — REGISTRAR'S SIGNATURE: Edna Armstrong — 24. FUNERAL DIRECTOR: Lewis A. Henry — ADDRESS: Cambridge Md.

RECEIVED
AUG 30 1954
BUREAU V. S.

Item 1 FilmG136 9/20/51 ww

08285

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Centreville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville R F D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Starkey
4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH June 17-1876
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) near Crumpton Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John F. Ireland
14. MOTHER'S MAIDEN NAME ? Downes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hurley S Starkey (Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/24, 1951, to 8/25, 1951, that I last saw the deceased alive on 8/25, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE W. Henry Frisher (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 8/28-51

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Aug 28-51
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. Aug 28
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1951
BUREAU V. S.

Item 9 FilmG136 10/1/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08286

CERTIFICATE OF DEATH

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (In this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) Johnstown Lane

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Elizabeth (Last) Wilkins

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Negroe

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 28, 1906

9. AGE last birthday: 76 + 5 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter W. Moody

14. MOTHER'S MAIDEN NAME: Lottie Wright.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT: Husband - Nelson Wilkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-vascular disease with Pulmonary and cardiac insufficiency.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whila at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1951, to Aug 15, 1951, that I last saw the deceased alive on Aug 8, 1951, and that death occurred at 10 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred P. Stoshed, M.D. Queenstown, Maryland.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Aug. 18, 51 | NAME OF CEMETERY OR CREMATORY: Chesterfield Cem. | LOCATION (City, town, or county) (State): Centreville, Maryland

DATE REC'D BY LOCAL REG. 8-17-51 | REGISTRAR'S SIGNATURE: Elsie Armstrong | 24. FUNERAL DIRECTOR: John L. Williams | ADDRESS: Easton, Maryland.

RECEIVED
AUG 30 1951
BUREAU V. S.